

JAN 21 2005

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE **PATENT**

Applicants: Michael R.S. Hill et al. Examiner: F. Oropeza
Serial No. 10/039,307 Group Art: 3762
Filing Date: October 26, 2001 Docket No.: P8969.00
Title: CLOSED LOOP NEUROMODULATION FOR PREVENTION
AND TREATMENT OF CARDIAC CONDITIONS

REQUEST FOR ONE-MONTH EXTENSION OF TIME

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Applicant hereby requests a one-month extension of time to respond to the Office Action dated September 20, 2004, from December 20, 2004 to January 20, 2004.

The Commissioner is hereby authorized to charge the extension fee of \$120.00, as well as any deficiencies, and credit any overpayments, to Deposit Account No. 13-2546.

Respectfully submitted,

Michael R.S. Hill et al.

Date

21 Jan 05

Paul H. McDowall
Paul H. McDowall
Reg. No. 34,873
(763) 514-3351
Customer No. 27581

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2001

Application or Docket Number

P 8949.00

CLAIMS AS FILED - PART I

(Column 1)

(Column 2)

TOTAL CLAIMS	46	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	40 minus 20 =	* 20
INDEPENDENT CLAIMS	8 minus 3 =	* 45
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

(Column 1)

(Column 2)

(Column 3)

AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	* 40	Minus	** 40	=
	Independent	* 8	Minus	*** 8	=
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

(Column 1)

(Column 2)

(Column 3)

AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	*	Minus	**	=
	Independent	*	Minus	***	=
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

(Column 1)

(Column 2)

(Column 3)

AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	*	Minus	**	=
	Independent	*	Minus	***	=
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>				

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

SMALL ENTITY

TYPE ☐

OR

OTHER THAN

SMALL ENTITY

RATE	FEE
BASIC FEE	370.00
X\$ 9=	
X42=	
+140=	
TOTAL	

OR

RATE	FEE
BASIC FEE	740.00
X\$18=	340
X84=	226
+280=	
TOTAL	1526

SMALL ENTITY

OR

OTHER THAN

SMALL ENTITY

RATE	ADDI-TIONAL FEE
X\$ 9=	
X42=	
+140=	
TOTAL	

OR

RATE	ADDI-TIONAL FEE
X\$18=	
X84=	
+280=	
TOTAL	

RATE	ADDI-TIONAL FEE
X\$ 9=	
X42=	
+140=	
TOTAL	

OR

RATE	ADDI-TIONAL FEE
X\$18=	
X84=	
+280=	
TOTAL	

RATE	ADDI-TIONAL FEE
X\$ 9=	
X42=	
+140=	
TOTAL	

OR

RATE	ADDI-TIONAL FEE
X\$18=	
X84=	
+280=	
TOTAL	